



Florida Department of Health - Escambia County
 1300 W Gregory St
 Pensacola, FL 32502
 850-595-6700
 www.EscambiaHealth.com

| |
|---------------------|
| <hr/> Permit Number |
|---------------------|

Mobile Home Park/RV Park/Rec. Camp Facility Guide

Note: Please submit completed Facility Guide with applicable fees and supporting documents

| Reason for Application | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> New Facility | <input type="checkbox"/> Change of Ownership | <input type="checkbox"/> Changes to Facility |

| Owner and Establishment Information | |
|-------------------------------------|---|
| Type of Facility | <input type="checkbox"/> Mobile Home Park <input type="checkbox"/> RV Park <input type="checkbox"/> Recreation Camp |
| Establishment Name (DBA) | |
| Owner Name | |
| Location Address | |
| City, State | Zip Code |
| Mailing Address | |
| City, State | Zip Code |
| Phone Number | |
| Email address | |
| Facility is located in | <input type="checkbox"/> City Limits <input type="checkbox"/> County Limits |

| Site Details | |
|---|--------------------------------------|
| Number of Mobile Home Sites _____ | Number of RV Sites _____ |
| How many double wide MH's _____ How many single wide MH's _____ | Number of Tent Spaces _____ |
| Note: Single-wide will require 2400 square feet and 35 foot width lot minimum. Double-wide will require 3500 square feet with 50 foot width lot minimum. RV's will require 1200 square feet minimum and may not exceed 25 per gross acre. Tent spaces require 500 square feet minimum. | |
| Total Number of Acres _____ | How many RV's per acre of land _____ |
| Are there any pools onsite <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how many _____ |
| For Recreational Camps Only | |
| Number of Barracks _____ | Number of Cabins _____ |
| Total number of beds in all barracks _____ | Total number of beds in Cabins _____ |
| Total number of occupants: | |

| Sanitary Facilities | | | |
|---------------------------------------|------------------|--------------------------------------|---------|
| | Toilets/ Urinals | Lavatories (Hand washing sinks) | Showers |
| Number of Male | _____ / _____ | | |
| Number of Female | | | |
| Number of Water Supply stations _____ | | Number of Sewage Dump Stations _____ | |

| Wastewater Disposal (Select the appropriate option(s)) | |
|---|------------------|
| <input type="checkbox"/> Municipal/Public Sewer | Name of Supplier |
| <input type="checkbox"/> Septic System (Requires approval from FDOH - Escambia OSTDS) | |
| <input type="checkbox"/> Sanitary Dump Station (Sanitary dump station includes a cement apron, trapped 4 inch sewer riser pipe, and spring coiled non-potable hose with sign for wash down) NOTE: : If a park owner files a letter with the county health department stating the recreational vehicle park has as a potable water and sewer hook-up at each site and the park only rents to recreational vehicles that are self contained units, the park will be exempt from the sanitary facilities requirements in subsections 64E-15.005(2), (4), F.A.C., the sewage disposal requirements in subsections 64E-15.004(5), (6), (7), F.A.C., and the water requirements in paragraph 64E15.003(3)(b), F.A.C. | |
| *System Evaluation Result (This area to be completed by FDOH - Escambia OSTDS) | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Name | Date |
| Comments: | |

| Potable Water Supply (Check One) | |
|--|------------------|
| <input type="checkbox"/> Public/Municipal Water Supply | Name of Supplier |
| <input type="checkbox"/> Onsite Well System | |

| Plans/applications have been submitted to the following authorities: | | | | |
|--|--------------------------|----|-----|----------|
| Agency | Yes (Date Submitted) | No | N/A | Comments |
| Zoning | <input type="checkbox"/> | | | |
| Planning | <input type="checkbox"/> | | | |
| Building | <input type="checkbox"/> | | | |
| Plumbing | <input type="checkbox"/> | | | |
| Fire Authority | <input type="checkbox"/> | | | |

Supporting Documents:

Indicate if the following documents are included (if not applicable, indicate "N/A"):

- _____ Copy of utility bill showing sewer charges OR system evaluation signed if on septic
- _____ Site Plan (Drawn to scale)
- _____ Floor Plan (Drawn to scale, only necessary for permanent buildings onsite)
- _____ Request for RV Park Exemption (see example letter)
- _____ Zoning Request Form

Site Plan *(Site plan should be drawn to scale, all applicable items listed below should be shown on plans)*

- | | |
|--|---|
| <ul style="list-style-type: none"> • Show area and dimension of the entire tract of land. • Space number or designation of space • Location and size of all mobile homes, RV's, and tent spaces • Identify location of building on property • Location of roadways • Location of irrigation/ drinking wells • Septic system • Play ground area | <ul style="list-style-type: none"> • Any service buildings or sheds (Submit floor plans showing the number and types of plumbing fixtures) • RV parks if provided: show locations of each electrical, water and sewer hookups. • Bodies of water • Other outdoor equipment • Parking lot • Dumpster |
|--|---|

| | | |
|-----------------|-----------|------|
| Applicants Name | Signature | Date |
|-----------------|-----------|------|



Pre-opening checklist

Before scheduling your opening inspection please complete this list to expedite the permitting process.

Facility Checklist

- Backflow preventers are installed on all threaded hose-bibbs
- All Mobile Home, RV, and tent lots/spaces are labeled
- Facility on community sewer or an approved septic tank
- Storage for garbage cans and dumpsters located properly (on pavement or concrete pad) and are in place

Permit Application

- Permit application submitted to FDOH-Escambia
- All applicable fees have been paid
- Site Plan and Floor Plan(if necessary) have been submitted and approved
- Fire/building inspection has been completed
- Zoning verification completed